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APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DINDU, INC		
DOING BUSINESS A L'ALOUET	TE	
ADDRESS 787 ROUTE 28		
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 02646
MANAGER: CHAMPNEY, ALAN E.	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PR	EMISES:	
KITCHEN AND LOUNGE, FULL	CELLAR USED FOR STO	NSISTING OF TWO DINING RMS. RAGE. TWO EXITS FACING ROUTE NTRANCE SEATING CAPACITY TO
I hereby certify and swear under per	alties of perjury that:	
1. the renewed license will	be of the same type for the s	ame premises now licensed;
2. the licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now ope	en for business (If not explai	n below)
SIGNED BY Individual, Pa	artner or Authorized Corpor	ate Officer
	artner or Authorized Corpor	ate Officer
Individual, Pa	artner or Authorized Corpor PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
Individual, Pa		
DATE: TELEP  We the undersigned, attest that w Acts of 2004, signed by the building	HONE NUMBER:  The are in possession (1) the ang inspector and the head	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEP  We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certification.	HONE NUMBER:  The are in possession (1) the ang inspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above
Individual, Parameter DATE:  TELEP  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certification of 2010.  Please Check Below:  APPROVED:	HONE NUMBER:  The are in possession (1) the ang inspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY
Individual, Parameter Telephone  We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certification of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	HONE NUMBER:  The are in possession (1) the ang inspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts  LOCAL LICENSING AUTHORITY



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LICENSE NUMBER	:050600011		CITY OR TOWN HARW	/ICH
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	LAND HO HARV	WICHPORT LLC		
DOING BUSINESS	A LAND HO			
ADDRESS 429 ROU	TE 28			
CITY/TOWN: HAR	WICH	STATE: MA	ZIP CODE: 02646	i
MANAGER: MUR J. SR.		PE OF LICENSE: Res	taurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	ISES:		
DINING AREA WIT PATIO; RESTROOM	H BAR 38X32; FR IS AND KITCHEN	ONT AND REAR EN	RONT DINING AREA 16X TRANCES AND SIDE EN ATTIC STORAGE OVER K DELIVERIES	TRANCE TO
I hereby certify and s	wear under penaltie	es of perjury that:		
1. the renewe	ed license will be of	f the same type for the	same premises now licensed	l;
	-		nonwealth relating to taxes;	and
3. the premis	es are now open for	r business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIF	TICATION NUMBER:
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Cl of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				



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LICENSE NU	MBEK: 050600015		CITY OR TOWN	HARWICH
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE N. DOING BUSI		BOR YACHT CLUB	INC.	
ADDRESS 37	1 LOWER COUNTY	ROAD		
CITY/TOWN:	: HARWICH	STATE: M	ZIP CODE:	02646
MANAGER:	MOYNAGH, PETER	TYPE OF LICENSE:	Club	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
CONTAINS A	ADDITIONAL TOILE N ROOM, SNACK B	USE PLUS STAFF RE ETS,SHOWERS, STOF AR, PICNIC PATIO A	RAGE AND HEATER	ROOMS.
I hereby certify	y and swear under per	alties of perjury that:		
1. the	renewed license will	be of the same type for	the same premises no	w licensed;
2. the	licensee has complied	d with all laws of the Co	ommonwealth relating	to taxes; and
3. the	premises are now ope	en for business (If not e	xplain below)	
SIGNED BY	Individual, P	artner or Authorized Co	orporate Officer	
DATE:	TELEF	HONE MIMPER	EMPI OVI	ER IDENTIFICATION NUMBER:
211121	IELEP	HONE NUMBER:		ndividual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the h	nead of the fire depar	ared by Chapter 304 of the etment for the above y Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICEN	ISING AUTHORITY
APPROVED:			Ву:	
DISAPPROV				
(If disapprove	d explain)			
DATE:				
DAIL.				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	050600016	(	CITY OR TOWN HARW	ICH
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	BRAX RESTAURA	ANT MANAGEMEN	Γ, INC	
DOING BUSINESS A	BRAX LANDING	3		
ADDRESS 705 ROU	ΓE 28			
CITY/TOWN: HAR	WICH	STATE: MA	ZIP CODE: 02646	
MANAGER: GOMI S.	ES, JEFFREY TYP	PE OF LICENSE: Resta	aurant CATEGOR	XY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF L				
	HEN,RESTROOMS		CE LOBBY, DINING ROO ND OUTSIDE TERRACE .	
I hereby certify and sv	vear under penalties	of perjury that:		
1. the renewe	d license will be of t	the same type for the s	ame premises now licensed;	
	-		onwealth relating to taxes; a	nd
3. the premise	es are now open for	business (If not explain	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpora	ate Officer	
	,			
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:
	12211101	21,0112211	(Note: NOT Individual Soc	ial Security Number)
Acts of 2004, signed	by the building ins	pector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	$\neg$		By:	
DISAPPROVED:				
(If disapproved explai	11)			
DATE:				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	IBEK: 050600023		CITY OR TOWN	HARWICH	L
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: D.J. HENRY	INCOPRORATED			
DOING BUSIN	ESS A PLEASANT	LAKE GENERAL STO	ORE		
ADDRESS 403	PLEASANT LAKE				
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE:	02645	
MANAGER:	HENRY,DAVID J.	TYPE OF LICENSE:P	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	EMISES:			
		TION WITH A FRONT I ACK STORAGE AND O		AIN STORE.	ГНЕКЕ
1. the re 2. the li	enewed license will licensee has complied	alties of perjury that:  the of the same type for the laws of the Core for business (If not expenses)	nmonwealth relating		
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICAT ndividual Social So	
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICEN By:	SING AUTHO	DRITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600024	NSE NUMBER: 050600024 CITY OR TOWN HARWICH			
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: HARVEST FINE WIL	NES & SPIRITS, I	NC		
DOING BUSINESS A HARVEST FINE W	INES & SPIRITS			
ADDRESS 706 MAIN STREET				
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE:	02645	
MANAGER: RICHARD P. TYPE DEEGAN	OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcoh	ıol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES	3:			
BACK ENTRANCE AND EXIT IS RTE. 12 BASEMENT.	24. LEFT HAND I	PORTION OF FIRS	Γ FLOOR AND	
<ul><li>2. the licensee has complied with all</li><li>3. the premises are now open for bu</li></ul>		_	taxes; and	
SIGNED BY Individual, Partner or	Authorized Corpo	rate Officer		
DATE: TELEPHONE 1	NUMBER:		IDENTIFICATION NUMBI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600025		CITY OR TOWN	I HARWICH	ł
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WILLIAM R. COFFIN & S	ONS, INC.			
DOING BUSINESS A PLUM'S PACKAGE STO	RE			
ADDRESS 326 ROUTE 28				
CITY/TOWN: HARWICH STA	TE: MA	ZIP CODE:	02646	
MANAGER: COFFIN, JOHN W. TYPE OF LI	CENSE: Pac	kage Store (	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
TWO STORY WOOD FRAME FRONT FOR DIS AND FIVE ROOMS FOR STORAGE. CAPE COI SECOND FLR CONTAINS THREE ROOMS FOR SHIPPING DOOR, REAR AND DOOR AT FRON	D CELLAR R STORAG	FOR HEATING A E,ONE OFFICE A	AND HALF B	ATH.
I hereby certify and swear under penalties of perjur				
1. the renewed license will be of the same	•	same premises no	w licensed:	
2. the licensee has complied with all laws	• 1			
3. the premises are now open for business	(If not expla	in below)		
SIGNED BY				
Individual, Partner or Author	orized Corpo	rate Officer		
DATE: TELEPHONE NUME	BER:		ER IDENTIFICAT	
		(Note: NOT	ndividual Social S	security Number)
Please Check Below:		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050600026		CITY OR TOWN	HARWICH	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: A.J. LUKES OF HAI	RWICH, INC.			
DOING BUSINESS A A.J. LUKE'S OF H.	ARWICH, INC			
ADDRESS 224 ROUTE 28				
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE:	02671	
MANAGER: LUKE, ARTHUR J. TYPE	OF LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	ES:			
$2~\rm{RMS}, 7,000~\rm{SQ}~\rm{FT}.$ INCLUDING COLD SQ FT. STORAGE RM W/ $2~\rm{LOADING}$ D		FT. RETAIL SPAC	E, 1 EXIT &	2,000
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of the	e same type for the s	same premises now	licensed;	
2. the licensee has complied with a	ll laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not expla	in below)		
SIGNED BY				
Individual, Partner of	r Authorized Corpor	rate Officer		
DATE: TELEPHONE	NUMBER:		IDENTIFICAT	
		(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:		·		
(If disapproved explain)				
DATE:		-		



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	050600027		CITY OR TO	WN HARWIC	П
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	A HARWICH EXX	CON			
ADDRESS 173 PLEA		Ξ			
CITY/TOWN: HAR	WICH	STATE: MA	ZIP CODE	2: 02645	
MANAGER: ALMI	EIDA, JAIME TY	PE OF LICENSE: Pa	ckage Store	CATEGORY	Wine and Malt Regular
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L					
SINGLE STORY CAL FOR PACKAGE STO				OOD SERVICE	, ONE
	es are now open for	all laws of the Combusiness (If not exp	lain below)	ng to taxes; and	
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LIC	ENSING AUTH	IORITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	0600028		CITY OR TO	JWN HARWIC	Л
APPLICATION FOR RE	ENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: LE DOING BUSINESS A		IOPS			
ADDRESS 555 ROUTE		JOKS			
		CTATE. M	A ZID COD	NE. 02646	
CITY/TOWN: HARWI		STATE: M			
MANAGER: DELLA I JOSEPH		OF LICENSE:	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LICE					
LARGE ROOM WITH V FRONT AND REAR OF					AT
I hereby certify and swea	r under penalties of	perjury that:			
1. the renewed li	icense will be of the	same type for	the same premise	s now licensed;	
2. the licensee ha	as complied with all	laws of the Co	mmonwealth rela	ting to taxes; and	l
3. the premises $\epsilon$	are now open for bu	siness (If not ex	(plain below)		
SIGNED BY In	dividual, Partner or	Authorized Co	rporate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPl	LOYER IDENTIFICA	ATION NUMBER:
			(Note: <u>Note:</u>	OT Individual Social	Security Number)
Please Check Below:			LOCAL LI	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
<b></b>					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	50600029		CITY OR TO	WN HARWICE	1
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS 574 ROUT		RITS SHOPPE INC			
CITY/TOWN: HARW	TCH	STATE: MA	A ZIP COD	E: 02646	
MANAGER: GIBSOI M.	N, BRUCE	TYPE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LIG					
ONE STORY WOOD I FRONT AND REAR	FRAME BUIL	DING APPROX 47X	37 WITH ENTRA	ANCES AND EX	ITS IN
3. the premises SIGNED BY	are now open	with all laws of the Co for business (If not ex ner or Authorized Co	plain below)	ing to taxes, and	
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 050600033		CITY OR TOWN HA	RWICH
APPLICATION FOR RENEWAL	: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: FOUR HUN DOING BUSINESS A	IDRED EAST, INC.		
ADDRESS 1421 RTE. 39			
CITY/TOWN: HARWICH	STATE: MA		645
MANAGER: SLUIS, BRIAN	TYPE OF LICENSE: Re	staurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:	TO OUR WERGIEF AND ENGER VOUR F	MAH ADDDESS	
DESCRIPTION OF LICENSED P	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
UNIT 5,4,3 AND 1 IN THE E HA 80X25 RESTAURANT. ALSO IN INCLUDE OFF. SPACE, SEATIN EXITS IN UNITS 3,4, AND 5.	RWICH PLAZA, COMPRI	OXIMATELY 1000 SQ.	FT TO
I hereby certify and swear under pe	enalties of perjury that:		
	l be of the same type for the	•	
•	ed with all laws of the Com	· ·	es; and
3. the premises are now of	pen for business (If not expl	ain below)	
SIGNED BY Individual, l	Partner or Authorized Corpo	orate Officer	
DATE: TELE	PHONE NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	d of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
		<u></u>	
DATE:			
APPLICATION FOR RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. O	Ch. 138 \$ 16A)



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	150600037		CITYOR	IOWN	HARWICE	l
APPLICATION FOR R	RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: J DOING BUSINESS A			TION			
ADDRESS 1421 ROUT	ΓE 39					
CITY/TOWN: HARW	'ICH	STATE: M	A ZIP C	ODE:	02645	
MANAGER: KENNE	EY, JOHN F. TYPE	OF LICENSE:	Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LIG	CASE ALSO VISIT OUR WEBS CENSED PREMISES		JR EMAIL ADDRESS			_
ADDITION OF UNITS BEVERAGES AND AI ENTRANCES AND EX	DDITIONAL STORA	AGE.UNITS 9	,10 AND 11 C	OMPRIS	SING OF 300	
2. the licensee	ear under penalties of license will be of the has complied with al are now open for bu	same type for l laws of the Co	ommonwealth			
SIGNED BY	ndividual, Partner or	Authorized Co	orporate Office	er		
DATE:	TELEPHONE 1	NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUI	MBER: 050600043		CITY OR TOWN	HARWICH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ZACK, INC.			
DOING BUSI	NESS A CASTAWAYS			
ADDRESS 98	6 ROUTE 28			
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE:	02661
MANAGER:	MERRILL, TY DEBORAH B.	PE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
-	N OF LICENSED PREMI			
ENTRANCES	RY BLDG., W/BAR, DIN /EXITS CONSIST OF FR OOUSIDE THROUGH GA	ONT DOOR, TWO S		
I hereby certify	and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now	licensed;
	licensee has complied with		_	taxes; and
3. the	premises are now open for	r business (If not expl	ain below)	
SIGNED BY				
	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004,	rsigned, attest that we arsigned by the building in e and (2) the certificate o	spector and the head	d of the fire departr	
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	· Capiani)			
DATE:				
			<u></u>	



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 050	)600054		C	ITY OI	R TOWN	HARWIC	CH
APPLICATION FOR RE	NEWAL:	Annı	ual		LICE	NSED FOR	2013
		CLA	.SS				YEAR
LICENSEE NAME: AS	HWOOD FOO	D SERVICE,	INC				
DOING BUSINESS A JA	AKE ROONEY	''S					
ADDRESS 119 BROOK	S RD						
CITY/TOWN: HARWIG	CH	STATE:	MA	ZIP (	CODE:	02646	
MANAGER: Klaus, Pa	ula R. TY	PE OF LICEN	ISE:Restar	urant	(	CATEGORY	: All Alcohol
EMAIL ADDRESS:							
	SE ALSO VISIT OUR W		R YOUR EMAI	L ADDRES	SS		
DESCRIPTION OF LICE							
ONE STORY WOOD FR LOUNGE AREA. TWO							
REAR OF DINING ROO			MIOFB	UILDII	NG ANL	TWUEAI	13 A1
							_
I hereby certify and swear	•						
1. the renewed lie		• •		-			
2. the licensee ha					Ū	to taxes; and	d
3. the premises a	re now open for	r business (II n	ot explain	below)	)		
CICNED DV							
SIGNED BY Inc	dividual, Partne	r or Authorize	d Corpora	te Offic	er		
DATE:	TELEPHON	NE NUMBER:		]	EMPLOYE	ER IDENTIFIC	ATION NUMBER:
				(Not	te: <u>NOT</u> In	ndividual Socia	l Security Number)
We the undersigned, at	test that we are	e in possessio	n (1) the c	ertifica	ite reani	red by Cha	nter 304 of the
Acts of 2004, signed by	the building in	spector and t	he head o	f the fi	re depar	tment for tl	ne above
named license and (2) the of 2010.	ne certificate o	f liquor liabil	ity insura	nce req	uired by	Chapter 1	16 of the Acts
Please Check Below: APPROVED:					L LICEN	SING AUT	HORITY
DISAPPROVED:				By:			
(If disapproved explain)							
(							
DATE:							



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 050600056		CITYC	K IOWN	HARWIC.	п
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	2013
		CLASS				YEAR
	CHARLES J. WEISS A 7-ELEVEN 34434A E 28					
CITY/TOWN: HAR	WICH	STATE: MA	ZIP	CODE:	02671	
MANAGER: WEIS J.	S, CHARLES TYPE	OF LICENSE:P	ackage Sto	ore (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRE	ESS		
DESCRIPTION OF I	LICENSED PREMISE	S:				
.37 ACRES; SOUTH AND EGRESS AT R	EAST CORNER OF R EAR ENTRANCE.	TE. 28 & DIVIS	ION ST. F	FRONT B	LDG. ENTRA	ANCE
	e has complied with all es are now open for bu	ssiness (If not exp	olain below	7)	to taxes; and	
	Individual, Partner or	Authorized Corp	porate Om	cer		
DATE:	TELEPHONE	NUMBER:	(No			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCA By:	AL LICEN	ISING AUTH	IORITY
DATE:						



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LICENSE NU	MBER: 050600057		CITY OR TOW	'N HARWICH
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
	AME: MORNINGS NESS A VILLA RO	TAR RESTAURANT INC MA		
ADDRESS 27	8 ROUTE 28			
CITY/TOWN:	: HARWICH	STATE: MA	ZIP CODE:	02671
MANAGER:	MORRISSEY, DOUGLAS R.	TYPE OF LICENSE: Res	taurant	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
HARWICH . T SURROUNDE RAMP PROV DRINKS BEI	THE DIMENSIONS A ED BY A 7 FT. HED ISES 15% OF THE S	DE THE EXISTING PATION AR 44'X 20 1/2', CONTAIN GE WITH 3 EXITS, 12 SECURROUND.THERE WILL IN THE PATIO WOULD BING.	NING 902 SQ. F EATS AN ENCL L BE NO SERVI	T. THE IS 85% OSED HANDICAP ICE OUTSIDE. ALL
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises n	ow licensed;
2. the	licensee has complied	d with all laws of the Comm	nonwealth relatin	g to taxes; and
3. the	premises are now ope	en for business (If not expla	ain below)	
SIGNED BY	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the head	e certificate requ l of the fire depa	uired by Chapter 304 of the
Please Check Bel	ow:		I OCAL LICE	ENSING AUTHORITY
APPROVED:			By:	ANDING AUTHORITT
DISAPPROVI	ED:		-J.	
(If disapproved	d explain)			



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LICENSE NUMBER 05000000		CITY OF TOWN	HADWICH
LICENSE NUMBER: 050600060		CITY OR TOWN	
APPLICATION FOR RENEWAL:	Annual		SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HARWICHPO DOING BUSINESS A	ORT HOUSE OF PIZ	ZA INC.	
ADDRESS 330 ROUTE 28			
CITY/TOWN: HARWICH	STATE: N	MA ZIP CODE:	02646
MANAGER: SOTIRI, ALEKS	TYPE OF LICENSE	E:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PRI 2400 SF BUILDING, COUNTER S RECEIVING DOOR IN BACK. CO	ERVICE, 1 FRONT I		EACH SIDE AND
the licensee has complied     the premises are now open  SIGNED BY  Individual Po	with all laws of the C n for business (If not e	Commonwealth relating to explain below)	
individuai, Pa	ertner or Authorized C	orporate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	ng inspector and the	head of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			



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LICENSE NUMBER: 0506	000001	CITY OR TOWN HARWIC	υH
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HOT	STOVE INC.		
DOING BUSINESS A HO	OT STOVE SALOON		
ADDRESS 551 ROUTE 2	8		
CITY/TOWN: HARWIC	H STATE: M	IA ZIP CODE: 02646	
MANAGER: LEIDNER, GABRIEL		Restaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	REAR PUBLIC ENTRANCE/I	FINISHED 2ND FL. APARTMEN EXITS ALONG W/ EXITS IN KI	
I hereby certify and swear	under penalties of perjury that:		
	• •	the same premises now licensed;	
	•	ommonwealth relating to taxes; and	d
3. the premises are	e now open for business (If not e	xplain below)	
SIGNED BY		ornorata Officar	
IIIQI	vidual Partner or Authorized Co		
	vidual, Partner or Authorized Co	orporate Officer	
	vidual, Partner or Authorized Co	orporate officer	
			ATION NUMBER
DATE:	vidual, Partner or Authorized Co	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	ıl Security Number)
DATE:  We the undersigned, atte Acts of 2004, signed by the	TELEPHONE NUMBER: est that we are in possession (1) he building inspector and the h	EMPLOYER IDENTIFIC	nter 304 of the he above
DATE:  We the undersigned, atte Acts of 2004, signed by the named license and (2) the	TELEPHONE NUMBER: est that we are in possession (1) he building inspector and the h	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social) the certificate required by Chancad of the fire department for the	pter 304 of the he above 16 of the Acts
DATE:  We the undersigned, atte Acts of 2004, signed by the signed license and (2) the of 2010.  Please Check Below: APPROVED:	TELEPHONE NUMBER: est that we are in possession (1) he building inspector and the h	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social) the certificate required by Chancead of the fire department for the surance required by Chapter 1	pter 304 of the he above 16 of the Acts
DATE:  We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHONE NUMBER: est that we are in possession (1) he building inspector and the h	EMPLOYER IDENTIFIC (Note: NOT Individual Social) the certificate required by Chancad of the fire department for the surance required by Chapter 1  LOCAL LICENSING AUT	pter 304 of the he above 16 of the Acts
DATE:  We the undersigned, atte Acts of 2004, signed by the signed license and (2) the of 2010.  Please Check Below: APPROVED:	TELEPHONE NUMBER: est that we are in possession (1) he building inspector and the h	EMPLOYER IDENTIFIC (Note: NOT Individual Social) the certificate required by Chancad of the fire department for the surance required by Chapter 1  LOCAL LICENSING AUT	pter 304 of the he above 16 of the Acts
DATE:  We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:	TELEPHONE NUMBER: est that we are in possession (1) he building inspector and the h	EMPLOYER IDENTIFIC (Note: NOT Individual Social) the certificate required by Chancad of the fire department for the surance required by Chapter 1  LOCAL LICENSING AUT	pter 304 of the he above 16 of the Acts



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 050600064		CITY OR TOWN	HARWICH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME: DOING BUSINESS A		CLASS		YEAR
ADDRESS 21 ROUT	E 28			
CITY/TOWN: HAR	WICH	STATE: MA	ZIP CODE:	02671
MANAGER: LIAN	G, AMY TYP	E OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I ENTRANCE AT FRO		ES:		OTHER EXIT IN
2. the license	wear under penalties of the dicense will be of the has complied with a ses are now open for be	he same type for the all laws of the Com	monwealth relating t	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	by the building insp	pector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER: 0	50600065		CI	TY OR TOW	N F	IARWICH	I
APPLICATION FOR R	ENEWAL:	Annua	ıl	LIC	ENSE	D FOR 20	)13
		CLAS	S				YEAR
LICENSEE NAME: S	HOOTING STAR	REALTY, LI	.C				
DOING BUSINESS A	BUCA'S RESTAU	JRANT					
ADDRESS 4 DEPOT 1	ROAD						
CITY/TOWN: HARW	TCH	STATE:	MA	ZIP CODE:	(	02661	
MANAGER: ROBER CHIAPI		E OF LICENS	SE:Restau	rant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:							
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS			-
DESCRIPTION OF LIG							
ONE DINING ROOM, ENTRANCE AND EXI							
3. the premises SIGNED BY	has complied with are now open for ndividual, Partner	business (If no	t explain l	below)	ig to ta	axes; and	
DATE:	TELEPHONI	E NUMBER:					TON NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	pector and th	e head of	the fire depa	artme	nt for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	)			LOCAL LICE By:	ENSIN	G AUTHO	ORITY
DATE:			-				



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LICENSE NUI	MBER: 050600068		CITY OR TOWN	HARWICH	I	
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NA	AME: SPYRIDON &	AGLAIA CHRISTAKI	S			
DOING BUSI	NESS A GEORGE'S	PIZZA HOUSE				
ADDRESS 564	4 ROUTE 28					
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE:	02646		
MANAGER:	CHRISTAKIS, SPYRIDON & AGLAIA	TYPE OF LICENSE: Re	staurant C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_	
DESCRIPTION	N OF LICENSED PRI	EMISES:				
DIVIDES ONE SEATING AR	E FUNCTION RM OF EA FROM THE WOR	T/ENT. DR IN FRONT V 40 SEATS CAPACITY RKING AREA. COUNTI ITCHEN SECTION. BSJ	. COUNTER SEPER ER DR AVAIL. FOR	RATES THE		
I hereby certify	and swear under pena	alties of perjury that:				
1. the	renewed license will b	e of the same type for the	e same premises now	licensed;		
2. the	licensee has complied	with all laws of the Com	monwealth relating t	to taxes; and		
3. the	premises are now open	n for business (If not expl	ain below)			
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer			
DATE:	TELEPI	HONE NUMBER:			TION NUMBER: ecurity Number)	
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability inst	d of the fire depart	ment for the	above	
Please Check Belo	OW:		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVE						
(If disapproved	l explain)					
DATE:						



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LICENSE NUMB	ER: 050600077		CITY OR TOWN	HARWICH	
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	-
	E: JOHN F. CONNELL SS A CAPE COD CLAD		O IRISH PUB		
ADDRESS 77 RO	OUTE 28				
CITY/TOWN: H	ARWICH	STATE: MA	ZIP CODE:	02671	
MANAGER: CC F.	ONNELL, JOHN TYPE	OF LICENSE: Ir	nholder C.	ATEGORY: All A	lcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMISE	ES:			
GUEST ROOMS,	AR OLD VICTORIAN I 2 DINING ROOMS, 8 E AND SWIMMING POO	BATHROOMS, O			
	d swear under penalties o			Licensed	
	ewed license will be of the ensee has complied with a	• •	•		
	mises are now open for b		_	o taxes, and	
	mises are now open for a	usiness (if not exp			
SIGNED BY	Individual, Partner o	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NU	
Acts of 2004, sign	ned, attest that we are in ned by the building insp nd (2) the certificate of li	ector and the he	ad of the fire depart	ment for the above	
Please Check Below:	_		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(II disapproved ex	piani)				
DATE:					



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LICENSE NUMI	BER: 050600080		CITY OR TOWN	HARWICH
APPLICATION 1	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
	ME: KEDJA, INC. ESS A AnkDALE C	CAFÉ		
ADDRESS 703 N	MAIN STREET			
CITY/TOWN: I	HARWICH	STATE: MA	ZIP CODE:	02645
MANAGER: S. K	ARABIA, ENDRA L.	TYPE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (	OF LICENSED PRE	EMISES:		
RESTROOMS.M ENTRANCE TO	IAIN ENT.FACES I THE LEFT OFF PA	SEATING,KITCHEN,P INTERSECTION OC RT ATIO EMPLOYEE ENT NCLUDE 6 TABLES WI	TES 124 AND 39 WI . IN REAR LEFT SI	TH A SECOND DE REAR OFF
I hereby certify a	nd swear under pena	alties of perjury that:		
1. the rea	newed license will b	e of the same type for the	e same premises now	licensed;
2. the lic	ensee has complied	with all laws of the Com	monwealth relating to	taxes; and
3. the pro	emises are now oper	n for business (If not expl	ain below)	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER:
			(Note. NOT Indi	vidual Social Security Number)
Acts of 2004, sig	gned by the buildin	e are in possession (1) the g inspector and the hea- te of liquor liability insu	d of the fire departn	
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				



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LICENSE NUMBER: 05060000	31	CITY OR TOWN HARWICE	П
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MAIN ST	FREET QUIK PIK INC.		
DOING BUSINESS A MAIN	STREET MARKET		
ADDRESS 715 MAIN STREE	Γ		
CITY/TOWN: HARWICH	STATE: MA	ZIP CODE: 02645	
MANAGER: PATEL, ANIL	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI	PREMISES:		
FRONT WALLS. BACK WAL DISPLAYAT FRONT OF ST WALL IS (FROM LEFT TO R	O ON SHELVES ARRANGE L HAS OPEN REFRIGERAT FORE IS SALES COUNTER IGHT) WALK IN COOLER, CAND EXIT AT FRONT OF	D IN AISLES AND ON SIDE AN FED UNITS FOR COLD DRINK AND SMALL OFFICEBEHIN STORAGE AREA AND TWO R STORE WITH TWO DOORS BE	ND BACK EST
I hereby certify and swear under	r penalties of perjury that:		
<ol> <li>the renewed license</li> <li>the licensee has com</li> </ol>	will be of the same type for th	ne same premises now licensed; nonwealth relating to taxes; and plain below)	
SIGNED BY Individua	al, Partner or Authorized Corp	porate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social :	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NUM	MBER: 050600082	C	ITY OR TOWN	HARWICH	
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NA	ME: EMBER PIZZA INC	<b>C.</b>			
DOING BUSIN	IESS A EMBER				
ADDRESS 600	ROUTE 28				
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE:	02645	
	BRACKETT, TYPI JUSTIN R.	E OF LICENSE: Restar	urant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
		BSITE AND ENTER YOUR EMAI	L ADDRESS		
	OF LICENSED PREMIS				
SERVICE, WA KITCHEN, TH	Y FRAMED BUILDING W ITING AREA WITH MIN REE LAVATORIES, BAS OF BUILDING	IMAL SEATING, OU	TSIDE DINING A	AREA, ONE	
I hereby certify	and swear under penalties	of perjury that:			
	enewed license will be of the		=		
	icensee has complied with		_	taxes; and	
3. the p	oremises are now open for b	ousiness (If not explain	below)		
SIGNED BY Individual, Partner or Authorized Corporate Officer					
DATE:					
	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Indi		ON NUMBER:
We the unders Acts of 2004, s	TELEPHONE signed, attest that we are is signed by the building inspand (2) the certificate of 1	in possession (1) the c pector and the head o	(Note: <u>NOT</u> Indi ertificate require f the fire departn	vidual Social Se d by Chapte nent for the	er 304 of the above
We the unders Acts of 2004, s named license	signed, attest that we are is signed by the building inspand (2) the certificate of building inspand	in possession (1) the c pector and the head o liquor liability insura	(Note: <u>NOT</u> Indi ertificate require f the fire departn	vidual Social Se d by Chapte nent for the : Chapter 116	er 304 of the above of the Acts
We the unders Acts of 2004, s named license of 2010.  Please Check Belov APPROVED: DISAPPROVE	signed, attest that we are is signed by the building inspand (2) the certificate of building inspand	in possession (1) the c pector and the head o liquor liability insura	(Note: NOT Indi ertificate require f the fire departn nce required by C	vidual Social Se d by Chapte nent for the : Chapter 116	er 304 of the above of the Acts



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 050600083		CITY OR TOWN	HARWICH	I
APPLICATION FOR	R RENEWAL:	Annual	unual LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	PRISHA CORPORAT A VALUE MART	ΓΙΟΝ			
ADDRESS 435 ROU	JTE 28				
CITY/TOWN: HAI	RWICH	STATE: MA	ZIP CODE:	02645	
MANAGER: PAT A	EL,MAHENDR TYPE	OF LICENSE: P	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
ONE ROOM FOR R ADJACENT TO CO ADDITIONAL DOO  I hereby certify and s  1. the renew 2. the licens	PLEASE ALSO VISIT OUR WEBSI LICENSED PREMISES ETAIL SALES, COUNT OOLER AND SALES RO OR IN THE STORAGE swear under penalties of red license will be of the ee has complied with all ses are now open for bu	S: TER AND WAL OOM ON EXIT ROOM. Terjury that: same type for the l laws of the Con	K IN COOLER.STOE ENTRANCE AND F e same premises now monwealth relating t	RONT AT	M
SIGNED BY	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	: 050600085		CITY OR TOW	N HARWICE	1
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RUGGIE'S INC.				
DOING BUSINESS	A RUGGIE'S BREA	AKFAST AND LUN	CH		
ADDRESS 707 MAI	N STREET				
CITY/TOWN: HAR	WICH	STATE: MA	ZIP CODE:	02645	
MANAGER: ROCO	CO, ROBERT TYP	PE OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
SMALL RESTAURA BACKIT ALSO H EXIT11 TABLES RESTAURANT	AS A SIDE ENTRA	NCE WHICH CAN	BE USED AS A	N EMERGENC	
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	same premises no	ow licensed;	
	•	all laws of the Comr		g to taxes; and	
3. the premis	es are now open for	business (If not expla	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE					
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)		
			(110tc. <u>1101</u>	ilidividuai Sociai S	security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and the head	l of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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LICENSE NUM	BER: 050600086		CITY OR TOWN HAR	WICH
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	ME: HARWICH PO	ORT SEAFARE INC.		
DOING BUSINE	ESS A HARWICH F	ORT SEAFARER		
ADDRESS 86 S	ISSON ROAD			
CITY/TOWN:	HARWICH	STATE: MA	ZIP CODE: 0264	5
	VISEMAN, DAMIEN	TYPE OF LICENSE: Int	nholder CATEGO	ORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRE			
ONE MAIN EN'S	TRANCEBAR AN	ID RESTAURANT ON	THE FIRST FLOORINN	ON THE
I hereby certify a	and swear under pena	lties of perjury that:		
1. the re	newed license will be	e of the same type for the	e same premises now license	ed;
2. the lie	censee has complied	with all laws of the Com	monwealth relating to taxes;	and
3. the pr	remises are now open	n for business (If not expl	ain below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corp	orate Officer	
DATE:				
DATE.	TELEPH	HONE NUMBER:	(Note: NOT Individual S	FICATION NUMBER:
			·	
Acts of 2004, sig	gned by the building	g inspector and the hea	ne certificate required by C d of the fire department fo urance required by Chapte	or the above
of 2010.				
Please Check Below	<u>:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disapproved c				
DATE:				